精神障碍诊断与统计手册

Diagnostic and Statistical Manual of Mental Disorders – 5th Edition

DSM-5的最新进展及其对医务社会工作的启示

张安翱, LCSW, ACSW, ACT

汇报大纲

- DSM-5的自我定位以及最新改变
- DSM-5的核心构架及将来研究
- DSM-5的主流临床诊断及其标准
- DSM-5对中国医务社会工作者的启示

热身互动

1. 有多少老师同学们听说过DSM-IV-TR?

2. 有多少老师同学们听说过DSM-IV-TR的五轴诊断?

3. 有多少老师同学们听说过DSM-V?

4. 有多少老师同学们听说过DSM-5的维度诊断?

5. 有多少老师同学们见过DSM-5的诊断书?

DSM 的作用是

- 评估精神疾病
- 诊断精神疾病

评估和诊断的差别在哪里？

DSM I 到 DSM-5

- *【1980年以前】DSM-I* (1952) and *DSM-II* (1968)

  准确度低

  基于未被证实的精神科学理论

  信度（稳定度）低

DSM-III

- *DSM-III* (1980) and *DSM-III-R* (1987)

  无理论基础
  增加了标准的细节和更加具体
  多轴诊断系统
  低信度（稳定程度）
  依靠着行业界的公认知识

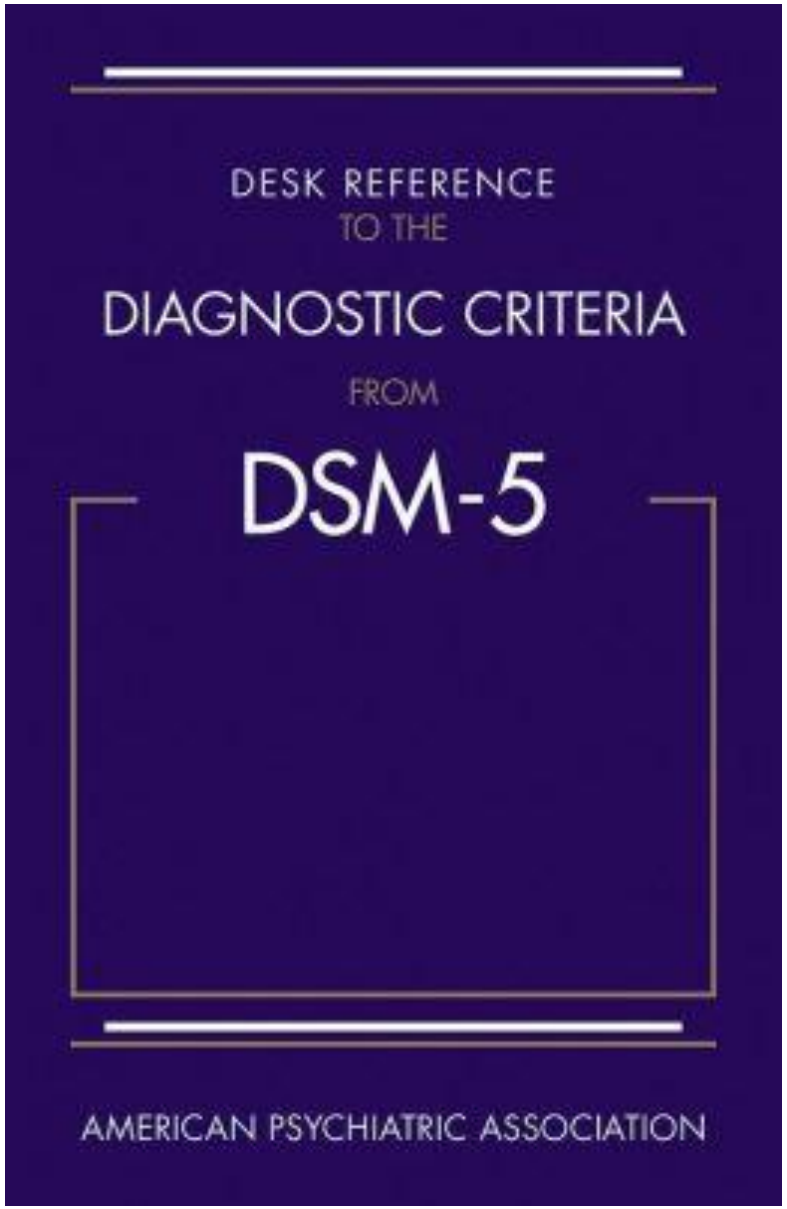
DSM-IV 和 DSM-IV-TR

DSM-IV 以及 DSM-IV-TR的基本特性

综合性
明确的纳入及排除标准
宽泛的心理疾病归类标准
基于实证研究
典型案例取向

DSM-IV以及DSM-IV-TR的五轴

1. 主要临床症状
2. 稳定持久症状
3. **相关**医疗状况
4. 社会心理症状
5. 功能评分


DESK REFERENCE
TO THE
DIAGNOSTIC CRITERIA
FROM
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION

DSM 第五版：DSM – 5

DSM-5 总体来说

1. 总体来说，DSM-5与DSM-IV-TR的差异不大
2. 一些精神诊断的重新归类
3. 与ICD-10的合并
4. 从罗马数字（-IV-TR）转为现代数字（-5）
5. 在结构上分为三个部分

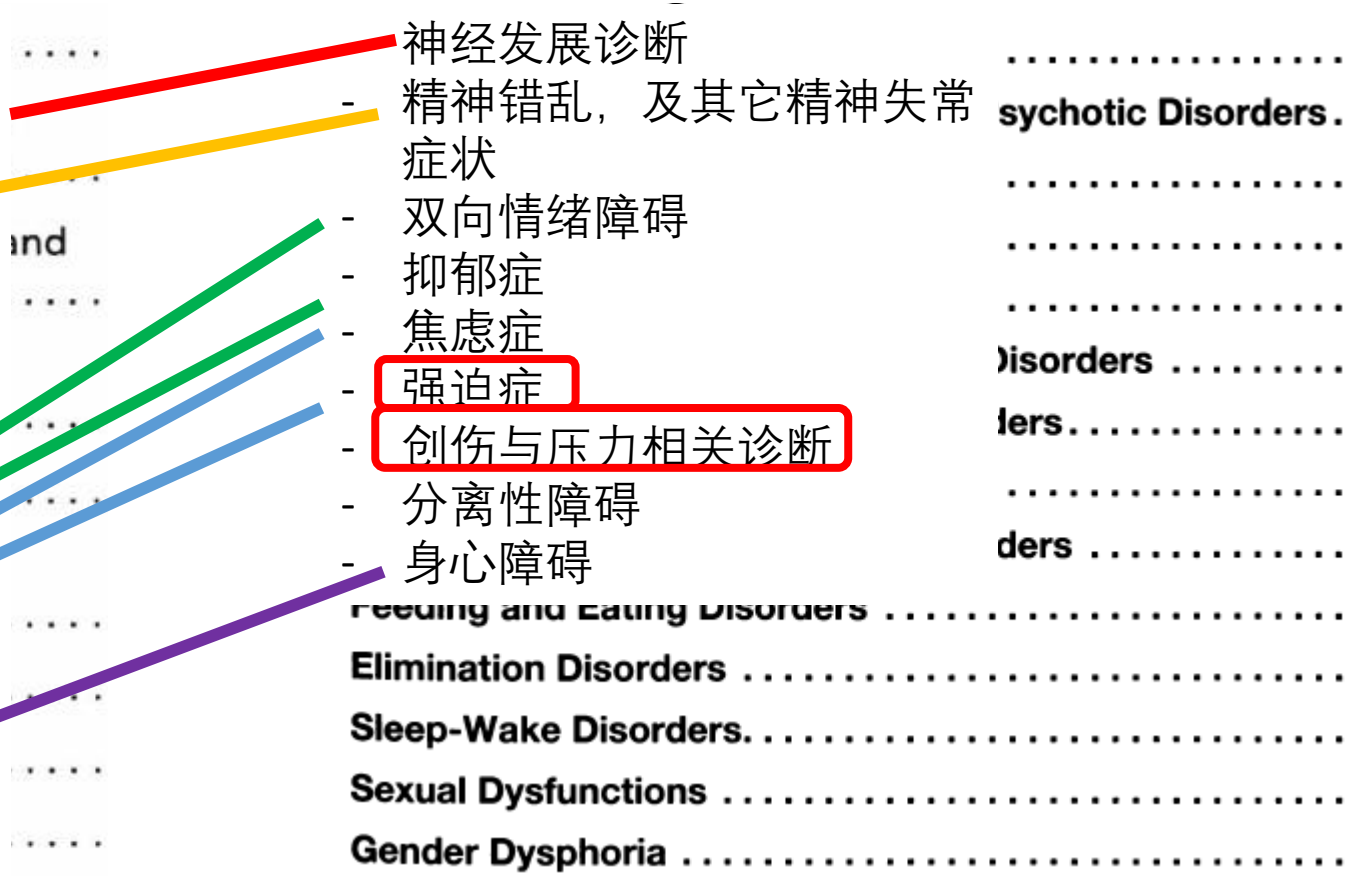
第四版与第五版总体差异不大

- 多轴诊断
- 婴儿，儿童和青少年阶段诊断
- 精神错乱，老年痴呆，健忘等认知诊断
- 与疾生理疾病相关的精神诊断

- 药物成瘾相关诊断
- 精神分裂及其他精神性疾病诊断
- 情绪障碍
- 焦虑症

- 身心障碍

- 神经发展诊断
- 精神错乱，及其它精神失常症状
- 双向情绪障碍
- 抑郁症
- 焦虑症
- 强迫症
- 创伤与压力相关诊断
- 分离性障碍
- 身心障碍



DSM-5 主流症状的核心改变

1. 儿童及青少年阶段诊断变为神经发展诊断
2. 取消情绪障碍（Mood Disorder）细化为抑郁症，双向情绪障碍
3. 强迫症和PTSD从焦虑症大类中脱出

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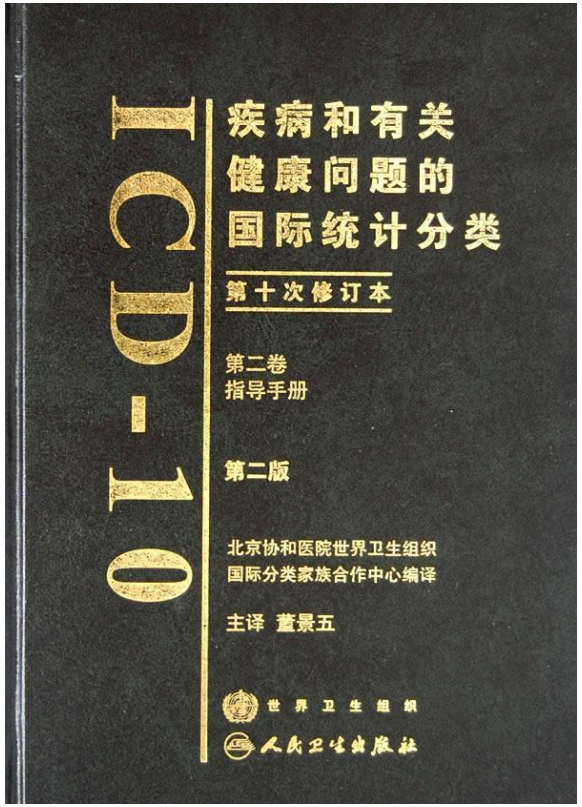
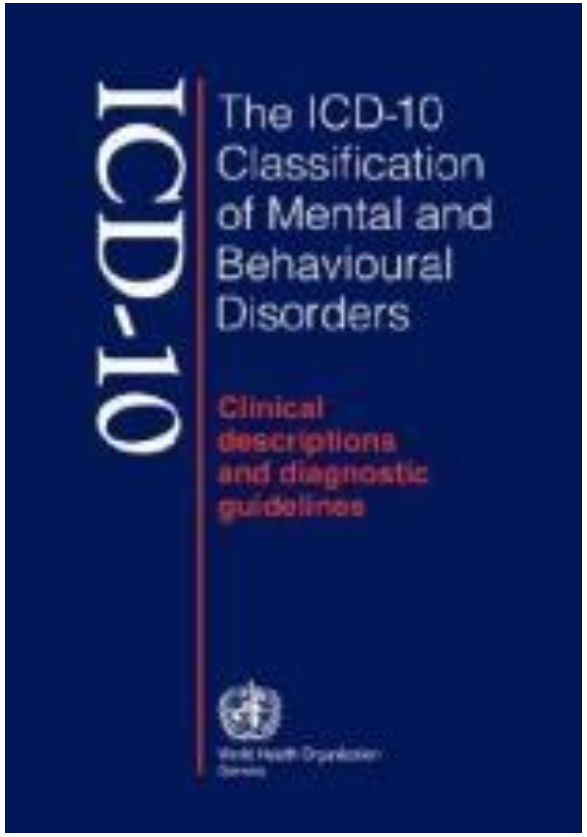
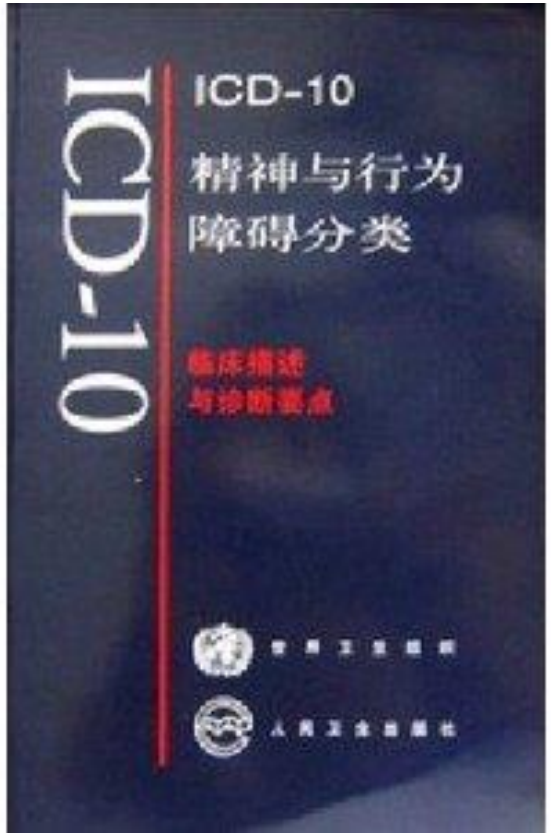
ICD-10合并



国际疾病分类（International Classification of Diseases ,ICD），是WHO制定的国际统一的疾病分类方法，它根据疾病的病因、病理、临床表现和解剖位置等特性，将疾病分门别类，使其成为一个有序的组合，并用编码的方法来表示的系统。全世界通用的是第10次修订本《疾病和有关健康问题的国际统计分类》，仍保留了ICD的简称，并被统称为ICD-10。

ICD-10合并


ICD-10
The ICD-10 Classification of Mental and Behavioural Disorders
Clinical descriptions and diagnostic guidelines


ICD-10
ICD-10
精神与行为障碍分类
临床描述与诊断要点

ICD-10合并

300.02 Generalized Anxiety Disorder (Includes Overanxious Disorder of Childhood)

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The person finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). **Note:** Only one item is required in children.

(1) restlessness or feeling keyed up or on edge
(2) being easily fatigued
(3) difficulty concentrating or mind going blank
(4) irritability

Generalized Anxiety Disorder

Diagnostic Criteria **300.02 (F41.1)**

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
B. The individual finds it difficult to control the worry.
C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.

ICD-10合并

296.2x Major Depressive Disorder, Single Episode

A. Presence of a single Major Depressive Episode (see p. 168).

B. The Major Depressive Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

296.3x Major Depressive Disorder, Recurrent

A. Presence of two or more Major Depressive Episodes (see p. 168).

Note: To be considered separate episodes, there must be an interval of at least 2 consecutive months in which criteria are not met for a Major Depressive Episode.

Severity/course specifier	Single episode	Recurrent episode*
Mild (p. 188)	296.21 (F32.0)	296.31 (F33.0)
Moderate (p. 188)	296.22 (F32.1)	296.32 (F33.1)
Severe (p. 188)	296.23 (F32.2)	296.33 (F33.2)
With psychotic features** (p. 186)	296.24 (F32.3)	296.34 (F33.3)
In partial remission (p. 188)	296.25 (F32.4)	296.35 (F33.41)
In full remission (p. 188)	296.26 (F32.5)	296.36 (F33.42)
Unspecified	296.20 (F32.9)	296.30 (F33.9)

*For an episode to be considered recurrent, there must be an interval of at least 2 consecutive months between separate episodes in which criteria are not met for a major depressive episode. The definitions of specifiers are found on the indicated pages.
**If psychotic features are present, code the "with psychotic features" specifier irrespective of episode severity.

ICD-9 to DSM-5 to ICD-10 to ICD-11

Before each disorder name, ICD-9-CM codes are provided, followed by ICD-10-CM codes in parentheses. Blank lines indicate that either the ICD-9-CM or the ICD-10-CM code is not applicable. For some disorders, the code can be indicated only according to the subtype or specifier.

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014.

Following chapter titles and disorder names, page numbers for the corresponding text or criteria are included in parentheses.

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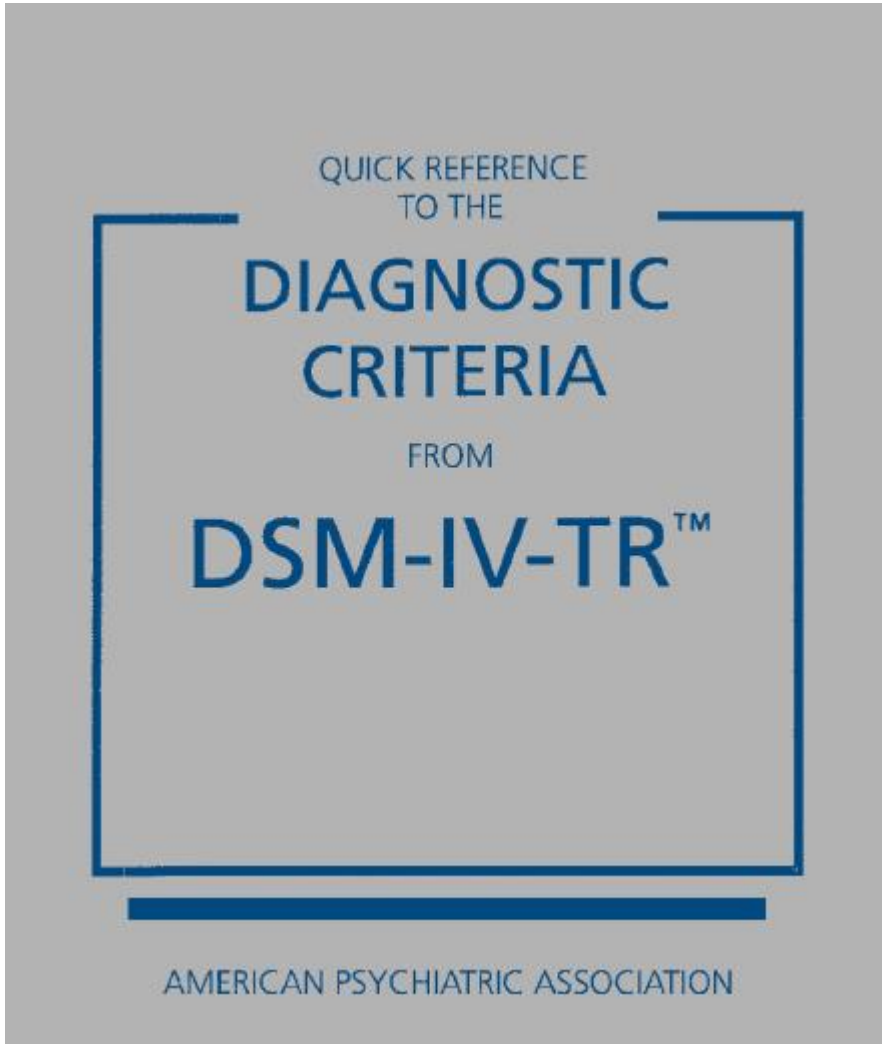
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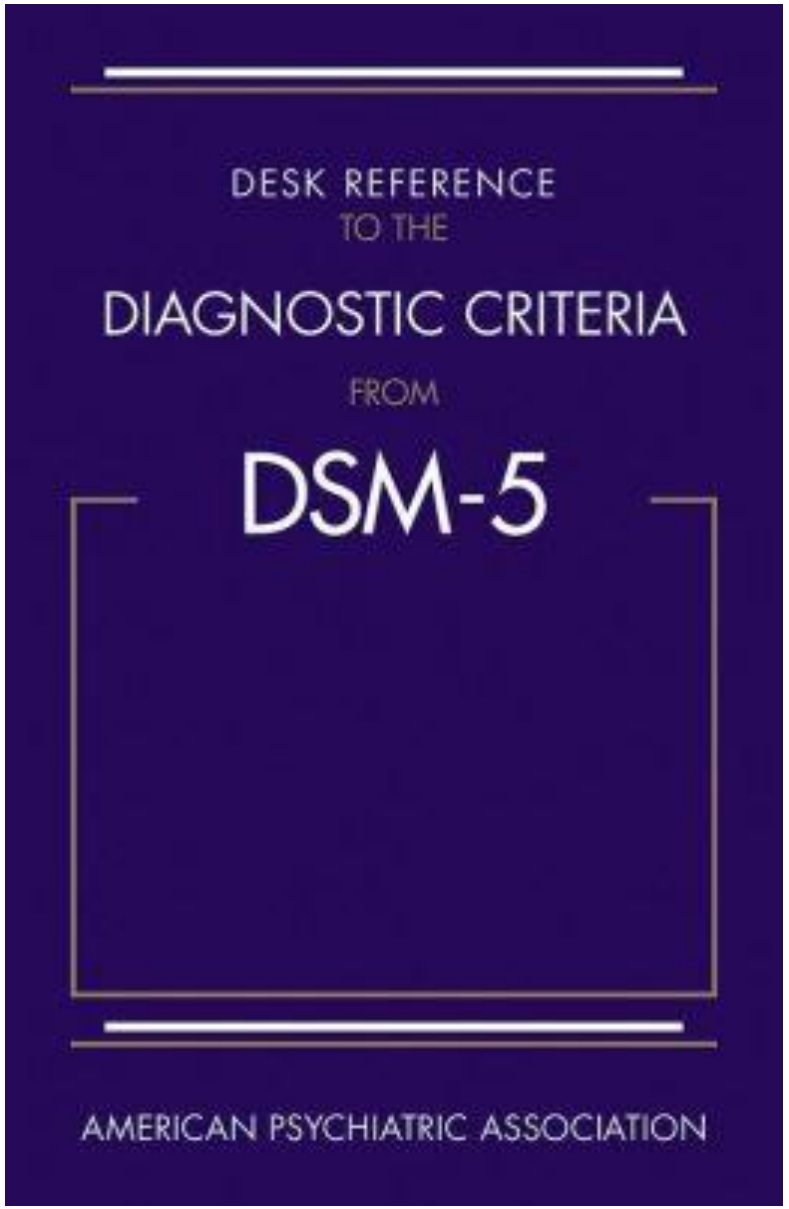
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Contents

Contents

Section I
DSM-5 Basics

个案的建构

The case formulation for any given patient must involve a careful clinical history and concise summary of the social, psychological, and biological factors that may have contributed to developing a given mental disorder. Hence, it is not sufficient to simply check off the symptoms in the diagnostic criteria to make a mental disorder diagnosis. Although a

精神诊断（Disorder）的定义

Each disorder identified in Section II of the manual (excluding those in the chapters entitled "Medication-Induced Movement Disorders and Other Adverse Effects of Medication" and "Other Conditions That May Be a Focus of Clinical Attention") must meet the definition of a mental disorder. Although no definition can capture all aspects of all disorders in the range contained in DSM-5, the following elements are required:

> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

临床显著性（的定义）

There have been substantial efforts by the DSM-5 Task Force and the World Health Organization (WHO) to separate the concepts of mental disorder and disability (impairment in social, occupational, or other important areas of functioning). In the WHO system, the International Classification of Diseases (ICD) covers all diseases and disorders, while the International Classification of Functioning, Disability and Health (ICF) provides a separate classification of global disability. The WHO Disability Assessment Schedule (WHODAS) is based on the ICF and has proven useful as a standardized measure of disability for men-

诊断的元素

诊断的标准和描述

Diagnostic criteria are offered as guidelines for making diagnoses, and their use should be informed by clinical judgment. Text descriptions, including introductory sections of each diagnostic chapter, can help support diagnosis (e.g., providing differential diagnoses; describing the criteria more fully under "Diagnostic Features").

Following the assessment of diagnostic criteria, clinicians should consider the applica-

诊断的亚类型和具体指标

Subtypes and specifiers (some of which are coded in the fourth, fifth, or sixth digit) are provided for increased specificity. *Subtypes* define mutually exclusive and jointly exhaustive phenomenological subgroupings within a diagnosis and are indicated by the instruction "*Specify* whether" in the criteria set. In contrast, *specifiers* are not intended to be

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个案的建构需要

1. 考虑到个人历史因素对于临床诊断形成的影响；
2. 考虑到生理，心理和社会因素对于临床诊断成因的影响；
3. 个案建构的核心目的是：建立基于个人环境和诊断标准而发展处一套完整的治疗计划；（DSM-5更多是一个指导治疗和用药的标准）

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or conflict results from a dysfunction in the individual, as described above.

精神诊断的定义

一个精神诊断特指那些个体认知，情绪管理或行为上有显著的临床扰乱（disturbance）。这些层面的扰乱反映了在生理，心理或发展层面上的功能适应不良。精神诊断通常体现在显著的社会，职业或其他重要日常活动层面的困扰（distress）或残疾。一个可以预期的，文化允许的不良反应不是一个精神诊断。

临床显著性

APA 和 WHO都十分注重临床诊断和临床残疾的区别。除非有确信的生理，心理和其它相关因素的支持，否则不能被用于定义精神残疾。DSM-5当中所提到的临床症状很多在一般的生活当中也会遇到，所以并非作为诊断残疾的指标

临床显著性（的定义）

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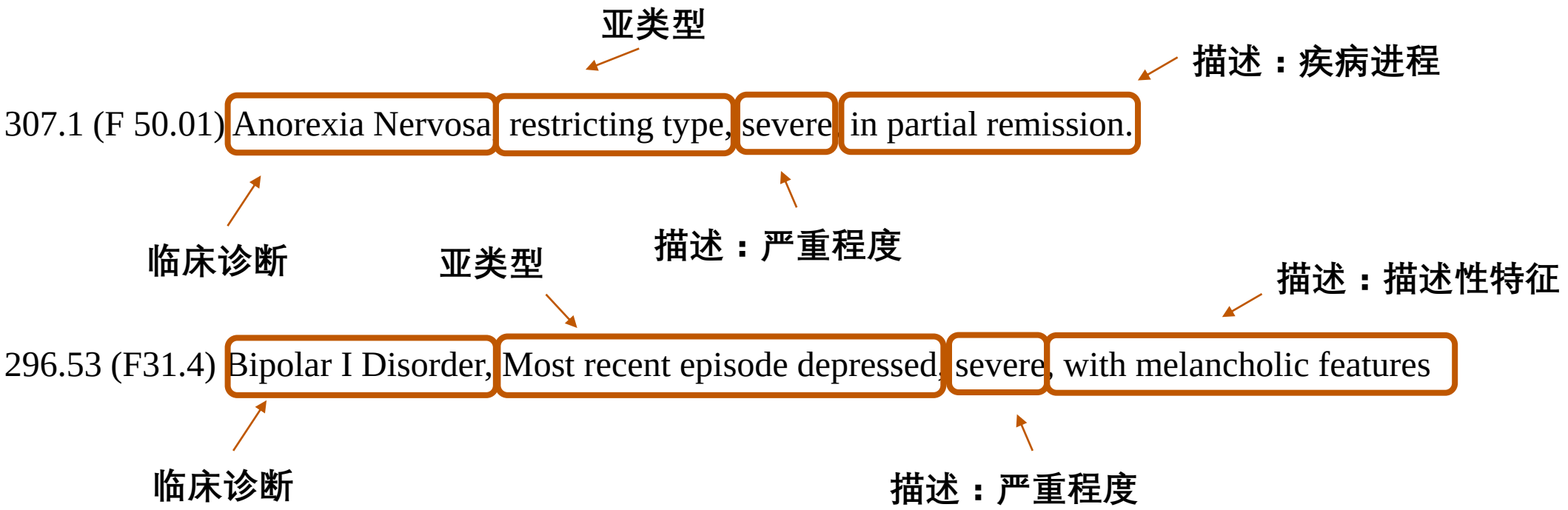

Case # 2 Mariah (20 points).
1. DSM Diagnosis
300.3 (F.42). Obsessive-Compulsive Disorder, with good insight. 296.22 (F32.1) Major Depressive Disorder, Single Episode, Moderate, with anxious distress, moderately severe
2. V and Z code
V62.29 (Z56.9) Other problem related to employment
3. Other medical condition
No other known medical condition
4. Medication
SSRIs can be helpful
5. Psychosocial evidence based practice?
Interventions: CBT, Behavioral Interventions/Response Prevention,
6. Strengths assessment?
Used to be best worker, good self-esteem, close friends, kind person, Supportive family, she was able to fight with those thoughts before, she has good insight

临床诊断（DSM）

其它相关指标

其它生理疾病问题

DSM-5与之前版本的核心差别还有

- 作为临床诊断工具，而更多的不是精神诊断的标准；
- 基本上已经被很多研究领域的行业所排斥；
- 作为临床医生开药和临床社工师，心理咨询师的治疗参考；
- 动态跟新；

TEXAS

Section III
Emerging Measures and Models

Appendix

Contents

DSM-5 Page 764 Cross-cutting Measure

去轴变维度的诊断模式

- 第一轴：主要临床诊断
- 第二轴：人格障碍及发展障碍诊断
- 第三轴：医学相关诊断
- 第四轴：社会心理因素（危险及保护）
- 第五轴：综合功能评分

维度一：内因性精神诊断（Internalizing Disorder）-- 焦虑，抑郁

维度二：外因性精神诊断（Externalizing Disorder）-- 多动症，强迫症

维度三：人格障碍诊断（Personality Disorder）

Alternative DSM-5 Model for Personality Disorders

The current approach to personality disorders appears in Section II of DSM-5, and an alternative model developed for DSM-5 is presented here in Section III. The inclusion of both models in DSM-5 reflects the decision of the APA Board of Trustees to preserve continuity with current clinical practice, while also introducing a new approach that aims to address numerous shortcomings of the current approach to personality disorders. For example, the typical patient meeting criteria for a specific personality disorder frequently also meets criteria for other personality disorders. Similarly, other specified or unspecified personality disorder is often the correct (but mostly uninformative) diagnosis, in the sense that patients do not tend to present with patterns of symptoms that correspond with one and only one personality disorder.

General Criteria for Personality Disorder

The essential features of a personality disorder are

A. Moderate or greater impairment in personality (self/inter
B. One or more pathological personality traits.
C. The impairments in personality functioning and the indivi sion are relatively inflexible and pervasive across a broa situations.
D. The impairments in personality functioning and the indivi sion are relatively stable across time, with onsets that adolescence or early adulthood.
E. The impairments in personality functioning and the indivi sion are not better explained by another mental disorde
F. The impairments in personality functioning and the indivi sion are not solely attributable to the physiological effe medical condition (e.g., severe head trauma).
G. The impairments in personality functioning and the indivi sion are not better understood as normal for an individua ciocultural environment.

人格障碍的核心（诊断）标准包括了

A. 中度及以上的人格功能（自我/他人）损伤
B. 一种及以上的人格障碍特性
C. 人格功能的损伤和人格特质的表达在多种人际和社会交往的情境中不灵活，并且十分普遍。
D. 个人人格功能和人格特质表现的损伤比较持久（不受时间推移而影响），并且最初的“发作时间”可以追溯到青少年或青年时期。
E. 个人人格功能和人格特质的损伤无法用其它的精神诊断来解释。
F. 个人人格功能和人格特质的损伤不是由于药物或其他的生理医学原因所导致（如：头部的创伤）。
G. 个人人格功能和人格特质的损伤无法更好地从发展阶段角度或者社会文化角度来理解。

人格功能的元素 – 什么是人格功能

自我人格功能

身份：边界，自尊和自我评价的稳定性，情绪管理的能力和容量

自我导向：生活目标；个人内部行为标准的运用；自我反思的有效性

人际人格功能

共情：理解和懂得他人的经历和动机，允许不同视角的存在，懂得自我行为对于他人的影响。

亲密（关系）：和他人联结的深度以及持续时间，对于亲近关系的渴望和能力，在人际关系中相互行的认同。

自恋型人格障碍

自我人格功能

身份：身份定位过分依赖他人，自尊和自我评价的两极性，情绪管理随着自我评价波动

自我导向：设立目标基于他人的肯定；个人要求不断提升为了成为一个杰出的人，或者十分低，基于理所当然的想法。无法认识到自己很多事情的动机

人际人格功能

共情：定义和发现他人感受和对他人需求的能力受到损伤；受到他人回应的影响极大，但是仅仅关注自己认为相关的那些部分，不切实际地估计自己对他人的作用

亲密（关系）：与他人关系大多初浅，并且拥有服务自己的自尊管理；人际关系互动性收到限制，对他人经历无兴趣，主要关注个人获得。

边缘性人格障碍

自我人格功能

身份：显著的受损的，发展不良的，或者不稳定的个人自我形象，通常和过度的自我批判相关联，产期感到空虚，在压力下个人抽离。

自我导向：目标不稳定，个人志向不稳定，个人价值观多变，职业计划多变

人际人格功能

共情：认识他人感受和需求的能力受损，并且通常对人际关系过度敏感（这个人在侮辱我），对于他人的认知偏向消极和负向。

亲密（关系）：紧张的，不稳定的，并且充满矛盾的亲密关系，主要表现在不信任，粘人，并且对于可能的抛弃感到极度紧张。我爱你我恨你的亲密关系

人格障碍的维度（Dimensional）模型和人格特质（Traits）模型

消极情绪 vs 稳定情绪

冷漠（关系） vs 外向社交

敌对状态 vs 适宜性

抑制解除 vs 良知

心理情绪混乱 vs 心理情绪清晰

DSM-5的未来研究诊断

(Attenuated psychosis disorder) 弱化的神精症

(Depressive episodes with short-duration hypomania) 抑郁周期伴随着短期的亚狂躁

Persistent complex bereavement disorder

咖啡因使用诊断（Caffeine use disorder）

（Internet gaming disorder）网络游戏诊断

DSM-5的未来研究诊断

(Suicidal behavior disorder) 自杀行为诊断

(Nonsuicidal self-injury) 非自杀相关的自我伤害

QUESTIONS?

汇报大纲

- DSM-5的自我定位以及最新改变
- DSM-5的核心构架及将来研究
- **DSM-5的主流临床诊断及其标准**
- DSM-5对中国医务社会工作者的启示

抑郁症（Depressive Disorders）
焦虑症（Anxiety Disorders）
-- 特定恐惧症/恐怖症（Specific Phobia）
-- 普遍焦虑症（Generalized Anxiety Disorder）
双向情绪障碍（Bipolar Disorder）
创伤/应激相关的诊断（Trauma- and Stress-related Disorder）

抑郁症（Depressive Disorders）

First thing first,

抑郁症状 ≠ 抑郁症

抑郁症的症状 – 以 MDD为例

1. 抑郁心境 (感到哀伤，空洞，绝望等)
2. 显著的日常（娱乐）活动的减少
3. 体重的明显改变
4. 睡眠困扰（失眠或轻度睡眠困扰）
5. 多动或者行动迟缓
6. 感到劳累
7. 感到无用，自责
8. 无法集中注意力，决策力下降
9. 不断地想到死亡，自杀念头但是没有计划

重症抑郁症（MDD）的诊断

1. 以过去的两周为一个周期；
2. 需要有至少5个，或者5个以上的症状；
3. 在症状1和2中至少需要有一个符合；

抑郁症的症状 – 以 MDD为例

1. 抑郁心境 (感到哀伤，空洞，绝望等)
2. 显著的日常（娱乐）活动的减少
3. 体重的明显改变，或者胃口的改变
4. 睡眠困扰（失眠或轻度睡眠困扰）
5. 日常行为的多动或者行动迟缓
6. 感到劳累
7. 感到无用，自责
8. 无法集中注意力，决策力下降
9. 不断地想到死亡，自杀念头但是没有计划

中文版抑郁症的诊断工具

1. 抑郁心境 (感到哀伤，空洞，绝望等)
2. 显著的日常（娱乐）活动的减少
3. 体重的明显改变，或者胃口的改变
4. 睡眠困扰（失眠或轻度睡眠困扰）
5. 日常行为的多动或者行动迟缓
6. 感到劳累
7. 感到无用，自责
8. 无法集中注意力，决策力下降
9. 不断地想到死亡，自杀念头但是没有计划

PHQ-9 量表

1、做事时提不起劲或没有兴趣	0	1	2	3
2、感到心情低落、沮丧或绝望	0	1	2	3
3、入睡困难、睡不安稳或睡眠过多	0	1	2	3
4、感觉疲倦或没有活力	0	1	2	3
5、食欲不振或吃太多	0	1	2	3
6、觉得自己很糟，或觉得自己很失败，或让自己或家人失望	0	1	2	3
7、对事物专注有困难，例如阅读报纸或看电视时不能集中注意力	0	1	2	3
8、动作或说话速度缓慢到别人已经觉察？或正好相反，烦躁或坐立不安、动来动去的情况更胜于平常	0	1	2	3
9、有不如死掉或用某种方式伤害自己的念头	0	1	2	3

PHQ-9 诊断评分

PHQ-9 量表

1、做事时提不起劲或没有兴趣	0	1	2	3
2、感到心情低落、沮丧或绝望	0	1	2	3
3、入睡困难、睡不安稳或睡眠过多	0	1	2	3
4、感觉疲倦或没有活力	0	1	2	3
5、食欲不振或吃太多	0	1	2	3
6、觉得自己很糟，或觉得自己很失败，或让自己或家人失望	0	1	2	3
7、对事物专注有困难，例如阅读报纸或看电视时不能集中注意力	0	1	2	3
8、动作或说话速度缓慢到别人已经觉察？或正好相反，烦躁或坐立不安、动来动去的情况更胜于平常	0	1	2	3
9、有不如死掉或用某种方式伤害自己的念头	0	1	2	3

0 – 4 没有抑郁

5 – 9 可能有轻度抑郁

10 – 14 可能有中度抑郁

15 – 19 可能有中度到重度抑郁

20 及以上 可能有重度抑郁

特定恐惧症/恐怖症

1. 对于特定的物体有显著的恐惧和焦虑（如：飞机，高度，动物，接受注射，和见到血液等）-- 注：在儿童当中，他们的恐惧或者焦虑常常会体现在苦恼，发脾气，愣住或者特别依恋家长等。
2. 恐慌的对象和情境总是会立马出发恐惧和焦虑。
3. 对于恐慌对象或情境主动避免，并且在面对这些对象和情境使得恐惧和焦虑持续呈现。
4. 恐慌或者焦虑的程度远大于实际情况。
5. 恐慌，焦虑或者逃避是持续的。
6. 恐慌，焦虑或者逃避导致了显著的临床，社会，和重要领域功能的损伤
7. 无其它原因可以解释

特定恐惧症/恐怖症

特定恐惧症的具体描述：

300.29 （F40.218） Animal
200.29 （F40.228） Natural environment （heights，storms）
300.29 （F40.23X） Blood-injection-injury （invasive medical procedure）
（F40.230） fear of blood
（F40.231） fear of injections and transfusions
（F40.232） fear of other medical care
（F40.233） fear of injury
300.29 （F40.248） Situational （airplane，elevators）
300.29 （F40.298） Other （loud sound etc）

普遍焦虑症

1. 过度地焦虑和担忧，有这些情绪的日子要比没这些情绪的日子要多。
2. 个人无法控制担忧和焦虑
3. 担忧和焦虑和一下至少三个及以上症状联系
   （孩子只需要满足一个症状）

A 浑身躁动，时刻感到十分烦恼
B 容易疲劳
C 常常放空，无法专注
D 易烦恼
E 肌肉紧张
F 睡眠受到影响

普遍焦虑症

4. 焦虑，担忧或者身体上的症状导致了显著的临床困扰和社会，职业及其他领域的影响
5. 排除药物成瘾和其他医学原因
6. 无法用其他的精神症状更好地解释

GAD-7 广泛性焦虑量表

过去两周内，患者是否遇到如下7个焦虑相关问题

1、紧张、焦虑或愤怒；
2、易被激怒；
3、害怕什么可怕的事情发生；
4、担心很多事情；
5、疲劳，坐不住；
6、不能停止或不能控制的担心；
7、很难放松。

A 浑身躁动，时刻感到十分烦恼
B 容易疲劳
C 常常放空，无法专注
D 易烦恼
E 肌肉紧张
F 睡眠受到影响

GAD-7 广泛性焦虑量表
过去两周内，患者是否遇到如下7个焦虑相关问题

1、紧张、焦虑或愤怒；
2、易被激怒；
3、害怕什么可怕的事情发生；
4、担心很多事情；
5、疲劳，坐不住；
6、不能停止或不能控制的担心；
7、很难放松。

根本没有=0
有些天存在哪些感觉=1
超过一半的时间都是如此=2
基本每天都是如此=3分；

0-5
分为轻度；

6-10
分为中度；

11-15
分为重度。

双向情绪障碍的快速诊断

双向情绪障碍I类和双向情绪障碍II类的区别？
Bipolar I versus Bipolar II.

双向情绪障碍的快速诊断

一个完整的抑郁周期
附加一个狂躁周期

如果有一个完整的狂躁周期 – Bipolar I
如果没有完整的狂躁周期，只有亚狂躁周期 – Bipolar II

狂躁周期的鉴别 （三个及以上，一周及以上时间）

自尊的过度膨胀，个体的宏大（上帝情结）

睡眠需求的减少

话语的增多，语速加快

大脑高速运转，无法控制住想法

容易受到外部信息的分心和转移

增加了以目标为导向的活动，心理活动变得烦躁

增加有不良后果行为的次数

亚狂躁周期的鉴别 （三个及以上，四天以上时间）

自尊的过度膨胀，个体的宏大（上帝情结）
睡眠需求的减少
话语的增多，语速加快
大脑高速运转，无法控制住想法
容易受到外部信息的分心和转移
增加了以目标为导向的活动，心理活动变得烦躁
增加有不良后果行为的次数

创伤及压力相关临床诊断

- 313.89（F94.1）Reactive Attachment Disorder – 反应性依恋障碍
- 313.89（F94.2）Disinhibited Social Engagement Disorder – 无抑制性的社交症
- 309.81（F43.10）PTSD – 创伤后应激障碍
- 308.3（F43.0）Acute Stress Disorder 紧急应激症
- 等等

313.89（F94.1）Reactive Attachment Disorder – 反应性依恋障碍

A 持续的对于照顾着情感上的避免和交流上的拒绝

在困扰时不寻求帮助
在困扰时不回应帮助

B 持续的社会功能和情绪困扰（至少两个）

最少的社会和情绪反应
有限的积极情绪
在和照顾者互动式有明显的情绪波动

C 儿童经历过明显的照顾不足的历史，至少一下一个

照顾者对于儿童的社会忽视，基本情绪等其他生理心理需求的不满足
不断的更换照顾者导致无法建立儿童良好的依恋关系
特殊场景导致无法建立选择性依恋（如收养机构每个员工照顾30个孩子）

DSM-5对于医务社会工作的启示

问题1：医务社会工作和DSM-5的诊断有关系吗？

问题2：医务社会工作更多的关注症状还是关注诊断？

问题3：如果临床上我们确诊了DSM-5的诊断后怎么干预？

问题4：从医务社会工作视角出发，我们DSM-5到底要了解多深。

医务社会工作和DSM-5诊断有关系吗？

当然有。

1. 问题评估的思路
2. 症状的判断
3. 一些问题的排除
4. 指导临床干预

医务社会工作更多得关注症状还是诊断？

症状。

为什么？

如果临床上我们确诊了DSM-5的诊断后怎么干预？

1. 确定问题的严重性
2. 制定合理的治疗计划
3. 确定治疗的优先顺序

从医务社会工作视角出发，我们DSM-5到底要了解多深。

最重要的评估临床问题的思路

了解常规/主流精神症状的归类和成因，诊断等

将DSM-5看待成工具当中的一种来使用